

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment No _____
Report No <u>SIE939-41231</u>

☐ Amendment (Explain Below)

Report covers period from <u>01/01/2004</u> through <u>12/31/2004</u>	Date Stamp RECEIVED CITY OF MOUNTAIN VIEW 05 FEB -3 A10:57 (POSTMARKED 1/31/05) OFFICE OF CITY CLERK	CALIFORNIA 1994 FORM 465 1 / 4 For Official Use Only
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1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
744711

Treasurer (if recipient committee)

NAME OF FILER

South Bay AFL-CIO Labor Council Cmt. on Political Education sponsored by South Bay AFL-CIO Labor Council

NAME OF TREASURER

Enrique Fernandez

STREET ADDRESS (NO P.O. BOX)

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA 95125

OPTIONAL: FAX/E-MAIL ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

San Jose CA 95125

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE

Ms. Margaret Abe-Koga

OFFICE SOUGHT OR HELD

City Council Member, City of Mountain View

CHECK ONE

SUPPORT OPPOSE

NAME OF BALLOT MEASURE

BALLOT NO./LETTER

JURISDICTION

X

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

Please see attached pages

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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---	--

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

South Bay AFL-CIO Labor Council Cmt. on Political Education sponsored by South Bay AFL-CIO Labor Council

4. Summary

- | | | |
|---|----------|---------|
| 1. Total independent expenditures made of \$100 or more this period. (Part 3) | \$ | 1832.81 |
| 2. Total independent expenditures under \$100 made this period. (Not itemized.) | \$ | 0.00 |
| 3. Total independent expenditures made this period (Add Lines 1 + 2.) | TOTAL \$ | 1832.81 |

5. Filing Officers

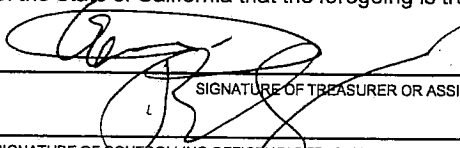
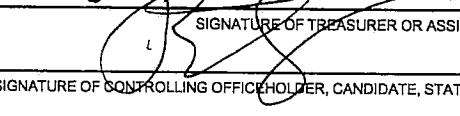
 Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

Please see attached pages

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _____
DATE
Executed on 1/26/05
DATE
Executed on _____
DATE
Executed on _____
DATE

By 
SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By 
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Supplemental Independent Expenditure Report

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period	CALIFORNIA 1994 FORM 465
from <u>01/01/2004</u>	
through <u>12/31/2004</u>	3 / 4

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NAME OF FILER

South Bay AFL-CIO Labor Council Cmt. on Political Education sponsored by South Bay AFL-CIO Labor Council

I.D. NUMBER (If Recipient Com.)
744711

5. Filing Officers Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

1) NAME OF FILING OFFICER

Secretary of State Political Reform Division

ADDRESS

(NO. AND STREET)

P.O. Box 1467

CITY

Sacramento

STATE

CA

ZIP CODE

95812-1467

1) NAME OF FILING OFFICER

Registrar of Voters City & County of San Francisco

ADDRESS

(NO. AND STREET)

Dept. of Elections, Rm 48 City Hall

CITY

San Francisco

STATE

CA

ZIP CODE

94102-4635

1) NAME OF FILING OFFICER

Registrar-Recorder of Los Angeles County

ADDRESS

(NO. AND STREET)

12400 Imperial Highway

CITY

Norwalk

STATE

CA

ZIP CODE

90650

1) NAME OF FILING OFFICER

Santa Clara County Registrar

ADDRESS

(NO. AND STREET)

1555 Berger Dr., Bldg. 2

CITY

San Jose

STATE

CA

ZIP CODE

95112

Supplemental Independent Expenditure Report

(Government Code Sections 84203.5)

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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		4 / 4
		For Official Use Only

For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC.31)
10/28/2004	DFS Associates San Jose CA 95126	Mailer	1698.00	1832.81
12/31/2004	Political Data, Inc. Burbank CA 91507	Data for Mailers	74.81	1832.81
11/01/2004		Phonebanks	60.00	1832.81

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Amendment No _____	<input type="checkbox"/> Amendment (Explain Below) _____ _____ _____
Report No SIE938-41231	

Report covers period from 01/01/2004 through 12/31/2004 Date of election if applicable: (Month, Day, Year)	RECEIVED CITY OF MOUNTAIN VIEW 05 FEB -3 A10:57 (POSTMARKED 1/31/05) OFFICE OF CITY CLERK	CALIFORNIA 1994 FORM 465 1 / 4 For Official Use Only
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1. Committee/Filer Information

I.D. NUMBER (if recipient committee)
744711

NAME OF FILER
South Bay AFL-CIO Labor Council Cmt. on Political Education sponsored by South Bay AFL-CIO Labor Council

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
San Jose CA 95125

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer (If recipient committee)

NAME OF TREASURER
Enrique Fernandez

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE
San Jose CA 95125

OPTIONAL: FAX/E-MAIL ADDRESS

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE Ms. Stephanie Schaaf	OFFICE SOUGHT OR HELD City Council Member, City of Mountain View	CHECK ONE	
NAME OF BALLOT MEASURE	BALLOT NO./LETTER JURISDICTION	SUPPORT X	OPPOSE

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NAME OF FILER

South Bay AFL-CIO Labor Council Cmt. on Political Education sponsored by South Bay AFL-CIO Labor Council

4. Summary

1. Total independent expenditures made of \$100 or more this period. (Part 3)	\$	1772.82
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	TOTAL \$	1772.82

5. Filing Officers

Enter the official title and address of each filing officer with whom most recent campaign statements have been filed.

Please see attached pages

6. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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